510(k) Summary

ArthroCare® Corporation

TURBINATOR™ WAND

JUL 0 2 2013

General Information

Submitter Name:	ArthroCare Corporation
Address:	7000 West William Cannon Drive Austin, TX 78735
Contact Person:	Ashley J Dawson, PhD Manager, Regulatory Affairs
Date Prepared:	August 21, 2012

Device System Names/Components

Proprietary:	ArthroCare® Turbinator™ Wand
Common:	Turbinator Wand
Classification:	Class II
Product Code:	GEI
CFR Section:	21 CFR 878.4400

Predicate Device

ReFlex Ultra 45 included in:

ArthroCare® ENT Plasma Wands™ K070374 (April 25, 2007)

Description

The ArthroCare Turbinator Wand is a bipolar, single use, electrosurgical device designed for use with the ArthroCare Coblator II System Controller for specific turbinate indications in otorhinolaryngology (ENT) procedures.

Intended Use/Indications For Use

The Turbinator Wand is indicated for ablation, resection, and coagulation of soft tissue and hemostasis of blood vessels in otorhinolaryngology (ENT) surgery involving nasal airway obstruction by reduction of hypertrophic nasal turbinates and submucosal tissue shrinkage. The wand is designed to be used exclusively with the ArthroCare Coblator II (CII) controller and ArthroCare Irrigation pump. Other controllers/pumps must not be used.

Performance Testing - Bench

Bench testing was performed to evaluate the performance of the Turbinator Wand compared to the predicate ReFlex Ultra 45. The test results demonstrate that the Turbinator Wand meets all design and performance specifications.

Performance Testing – Animal

A Pre-Clinical study was also conducted to evaluate the tissue effects using the Turbinator Wand compared to the ReFlex Ultra 45. Based on the test results, the proposed device is substantially equivalent to the predicate device.

Performance Testing – Clinical

No clinical data are included in this submission.

Summary

All testing demonstrates that the ArthroCare Turbinator Wand performs as intended when used in accordance with its labeling. The ArthroCare Turbinator Wand has similar technological characteristics (i.e., design, material, chemical composition, energy source) as compared to the predicate ArthroCare ReFlex Ultra 45 Wand. The Turbinator Wand incorporates conductive media delivery and suction as well as higher setpoints for Coblation plasma formation. The modified ArthroCare Turbinator Wand, as described in this submission, is substantially equivalent to the predicate ArthroCare ReFlex Ultra 45 Wand. The proposed modifications in Indications for Use, performance specifications, materials, and labeling are not substantial changes or modifications, and do not raise new questions of safety or effectiveness.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-0002

July 2, 2013

ArthroCare Corporation
C/O Mitchell Dhority
Vice President, Clinical and Regulatory Affairs
7000 West William Cannon Drive
Austin, TX 78735

Re: K122652
Trade/Device Name: ArthroCare® Turbinator™ Wand
Regulation Number: 21 CFR 878.4400
Regulation Name: Electrosurgical cutting and coagulation device and accessories
Regulatory Class: Class II
Product Code: GEI
Dated: June 27, 2013
Received: June 28, 2013

Dear Mr. Dhority:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mark N. Melkerson -S

Mark N. Melkerson
Acting Director
Division of Surgical Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K122652

Device Name: ArthroCare® Turbinator™ Wand

Indications for Use:
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Prescription Use X (Part 21 CFR 801 Subpart D) AND/OR Over-The-Counter Use _____ (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Joshua C. Nipper -S

(Division Sign-off)
Division of Surgical Devices
510(k) Number K122652